



Summary of benefits and cost sharing *(effective Jan. 1, 2016)*

Call your health plan for details about a specific benefit

If you have questions about your health care program, covered services or copays, you can:

- call your worker
- call your health plan
- ask your provider.

Your provider must get approval for some health care services before you get them. The services must be medically necessary.

Medical Assistance (MA)

Some people on MA enroll in health plans.

- Alcohol and drug treatment
- Chiropractic care
- Dental care (limited for non-pregnant adults)
- Doctor/clinic visits
- Emergency room care (ER)
- Eyeglasses
- Family planning services
- Hearing aids
- Home care
- Hospice care
- Hospital services (inpatient and outpatient)
- Immunizations and vaccines
- Interpreter services
- Lab and X-ray
- Licensed birth center services
- Medical equipment and supplies
- Medical transportation (access, ambulance and special)
- Mental health care
- Nursing homes and ICF/DD facilities
- Outpatient surgery
- Prescriptions and Medication Therapy Management
- Rehabilitative therapy
- Urgent care

Coverage for some long-term care services, including nursing homes, may require a separate application to determine if MA can pay for it. Ask your worker for more information.

Cost sharing

Cost sharing means amounts you pay toward your medical costs. Cost sharing amounts are subject to adjustment by state legislation. Adults age 21 or older (except pregnant women, people in hospice care, American Indians, Refugee MA program enrollees and people in nursing homes or ICF/DDs) have:

- \$2.85 monthly deductible
- \$3 copay for nonpreventative visits; no copay for mental health visits
- \$3.50 copay for nonemergency ER visits
- \$3 or \$1 copay for prescription drugs up to **\$12** per month; no copay on some mental health drugs

If you are not able to pay a copay or deductible, your provider still has to serve you. Providers must take your word that you cannot pay. Providers cannot ask for proof that you cannot pay.

Monthly copays and deductibles are limited to 5 percent of family income for adults with income at or below 100 percent of federal poverty guidelines.

Enrolling in a health plan does not guarantee you can see a particular health plan provider. If you want to make sure, you should call that provider to ask whether he or she is still part of the health plan. You should also ask if they are accepting new patients. The health plan may not cover all of your health care costs. Read your Evidence of Coverage carefully to find out what is covered. You can also call the health plan's member services.

Managed Care for American Indians

Are Indian Health Services or tribal clinics part of a health plan network?

- In some cases, yes. If the Indian Health Service (IHS) or tribal clinic is in a health plan network, you may pick it as your primary care provider. If your IHS or tribal clinic is not part of the health plan you choose, you will need to pick a primary care doctor or clinic that is part of your health plan.
- **You can continue or begin to use tribal and IHS clinics at any time.** The health plan will not require prior approval or impose any conditions for you to get services at these clinics. If a doctor or other provider in a tribal or IHS clinic refers you to a health plan provider, you will not have to see your primary care provider for a referral.

IHS and tribal clinics

If you are an American Indian and have any questions or need help, you can call your local Indian Health Service or tribal clinic.

Summary 2014 Consumer Assessment of Health Plans Study (CAHPS) Satisfaction Survey Results

	Rating of health plan	Customer service % answering "No Problem"	Getting needed care % answering "No Problem"	How well doctors communicate % answering "Always"	Getting care quickly % answering "Always"
Medical Assistance – Responses from 18- to 64-year-olds					
Blue Plus	64%	72%	54%	83%	61%
HealthPartners	60%	75%	57%	86%	58%
Itasca Medical Care (IM Care)	58%	62%	58%	79%	62%
Medica	54%	59%	53%	79%	56%
PrimeWest Health (PWH)	50%	64%	56%	79%	60%
South Country Health Alliance (SCHA)	58%	62%	52%	78%	54%
UCare	57%	72%	54%	80%	55%
Average of all health plans	58%	68%	55%	79%	58%

Notice About Your Rights

for people enrolled in a health plan for their
Medical Assistance or MinnesotaCare benefits

You have the right to change your health plan at certain times, if there is more than one health plan available in your county.

- You may change your health plan once during the first year you are enrolled in managed care.
- There is an open enrollment time each year. During this time the state will explain your right to change your health plan.
- You may change your health plan within 90 days from the date you are first enrolled in the health plan.
- You may ask to change your health plan *for cause* (including, but not limited to: lack of access to services or providers, poor quality of care or continuity of care).
- If you want to change your health plan at another time, you may need to request a state fair hearing.
- Minnesota Senior Health Options (MSHO) enrollees may disenroll at any time. If you have Medicare and disenroll from MSHO, you will have to pick a Medicare Part D plan. Medical Assistance will not pay for most prescription drugs if you have Medicare.
- You may change your primary care clinic every 30 days by contacting your health plan.

You have the right to necessary medical care.

- You may ask your health plan for a second opinion. The health plan will give you the name of a doctor you can see.
- Your health plan must tell you in writing if it denies, reduces, or stops services you asked for or services your health plan doctor ordered.
- If the health plan is stopping or reducing an **ongoing** service and you want to appeal the decision, you may be able to keep getting the service during the appeal. You must file a health plan appeal or request a state fair hearing **within 10 days** of the date on the notice from your health plan, or before the service is stopped or reduced, whichever is later. You must ask for the service to continue. Your treating provider must agree the service should be continued. If you lose the appeal, you may be billed for the services.

If you have a problem with your health plan, you can do any of these things:

- File an appeal with the health plan. You must appeal to the health plan **within 90 days** after the date of the notice that the health plan is decreasing or denying services or payment.
 - Call your health plan. The phone number is on your health plan ID card. The health plan must answer you within 10 days.
 - Write a letter to your health plan. Include your name, address and telephone number. The health plan must answer your letter within 30 days.
- Call your county Managed Health Care Unit, your MinnesotaCare worker or your Care Coordinator and ask for help.
- Call the Ombudsman Office for State Managed Health Care at 651-431-2660 or toll free at 800-657-3729. They can help you appeal to the health plan or request a state fair hearing. If you have a complaint that needs a decision quickly, tell the Ombudsman.
- Request a state fair hearing.

How to request a State fair hearing:

You must request a state fair hearing in writing **within 30 days** after the date of the notice that the health plan is decreasing or denying services or payment. You have up to 90 days if you have a good reason for filing late.

Mail or fax your request to:

Minnesota Department of Human Services
Appeals Office
PO Box 64941
St. Paul, MN 55164-0941
Fax: 651-431-7523

- You will get a letter telling you the date and time of the hearing.
- You may bring an attorney, relative, friend or advocate to the hearing.

A human services judge will make a decision about your case. The judge is not part of your health plan.

Discrimination is against the law.

You have the right to file a complaint if you believe you were treated in a discriminatory way by a human services agency. You can contact any of the following agencies directly to file a civil rights complaint.

The Minnesota Department of Human Services, Equal Opportunity and Access Division, prohibits discrimination in its programs because of race, color, national origin, creed, religion, sexual orientation, public assistance status, age, disability or sex (including sex stereotypes and gender identity under any health program or activity receiving federal financial assistance). Contact the Equal Opportunity and Access Division directly:

Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

The **Minnesota Department of Human Rights** prohibits discrimination in public services programs because of race, color, creed, religion, national origin, disability, sex, sexual orientation, or public assistance status. Contact the Minnesota Department of Human Rights directly:

Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice)
800-657-3704 (toll free)
651-296-1283 (TTY)

The **U.S. Department of Health and Human Services' Office for Civil Rights** prohibits discrimination in its programs because of race, color, national origin, age, disability; in block grant complaints, religion and sex are included; and in medical program complaints, sex includes sex stereotypes and gender identity under any health program or activity receiving federal financial assistance, such as Medicaid and CHIP programs, hospitals, clinics, employers, insurance companies and state health insurance exchanges created under Title I of the Affordable Care Act. Contact the federal agency directly:

U.S. Department of Health and Human Services
Office for Civil Rights, Region V
233 North Michigan Avenue, Suite 240
Chicago, IL 60601
312-886-2359 (voice)
800-368-1019 (toll free)
800-537-7697 (TTY)

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການ ການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງຖາມ ພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂປ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawl wadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

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This information is available in accessible formats for individuals with disabilities by calling 651-431-2660, toll-free 800-657-3729, or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.